

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

None

9. Total of Part 2

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts Receivable**11a. 90 days old or less: _____ - _____ = → _____
face amount doubtful or uncollectible accounts11b. Over 90 days old: _____ - _____ = → _____
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used for
current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of fund or stock: % of ownership:

None

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor Jacobson Hotels, Inc.
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None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**General description****Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest****28. Crops — either planted or harvested**

None

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**General description****Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest****39. Office furniture**39.1 furniture and equipment\$162,350.00Furniture and
Equipment(Unknown)**40. Office fixtures**

None

**41. Office equipment, including all computer equipment and
communication systems equipment and software**41.1 computers\$17,679.00(Unknown)**42. Collectibles** *Examples: Antiques and figurines; paintings, prints or other
artwork; books, pictures, or other art objects; china and crystal; stamp, coin,
or baseball card collections; other collections, memorabilia, or collectibles*

None

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$0.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**☒ No
☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No
☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.
☐ Yes. Fill in the information below.**General description**Include year, make, model, and identification numbers (i.e., VIN, HIN, or
N-number)**Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

None

48. Watercraft, trailers, motors, and related accessories *Examples: Boats,
trailers, motors, floating homes, personal watercraft, and fishing vessels*

Debtor Jacobson Hotels, Inc.
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None

49. Aircraft and accessories

None

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

None

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 9: Real Property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

General description

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest

55.1 <u>Baymont Inn & Suites</u>	<u>Fee Simple</u>	<u>(Unknown)</u>	<u>Estimated comparable value</u>	<u>\$6,000,000.00</u>
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56. Total of Part 9

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$6,000,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

None

62. Licenses, franchises, and royalties

62.1 <u>Wyndham franchise</u>	<u>\$176,000.00</u>		<u>(Unknown)</u>
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63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

None

65. Goodwill

65.1 <u>goodwill</u>	<u>\$350,000.00</u>		<u>(Unknown)</u>
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66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)**

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957Current value of debtor's
interest**71. Notes receivable**

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$31,000.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$6,000,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$31,000.00</u>	+ 91b. <u>\$6,000,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$6,031,000.00</u>

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports this
claim

2.1 Creditor's name

North Texas Certified Development Corp.

Creditor's mailing address

c/o Marilyn Ferguson1255 West 15th St. 500Plano, TX 75075

Creditor's email address, if known

Date debt was incurred 2015Last 4 digits of account
number Do multiple creditors have an interest in the same
property?☐ No.☒ Yes. Specify each creditor, including this creditor,
and its relative priority.

1) Texas Gulf Bank

2) North Texas Certified Development
Corp.

Describe debtor's property that is subject to a lien

Baymont Inn & Suites18484 Interstate 45 S Conroe, TX 77384

Describe the lien

Deed of Trust

Is the creditor an insider or related party?

☒ No☐ Yes.

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$1,383,000.00\$6,000,000.003. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional
Page, if any.\$3,850,000.00

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

Amount of claim
Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim**2.2****Creditor's name**Texas Gulf Bank**Creditor's mailing address**1030 Dixie DriveClute, TX 77531-5124**Creditor's email address, if known**
_____**Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☐ No.☒ Yes. Have you already specified the relative priority?**For Asset:****Baymont Inn & Suites****18484 Interstate 45 S Conroe, TX 77384**☐ No. Specify each creditor, including this creditor, and its relative priority.☒ Yes. The relative priority of creditors is specified on lines 2.1**For Asset:****furniture and equipment**☒ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines _____**For Asset:****computers**☒ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines _____**Describe debtor's property that is subject to a lien**Baymont Inn & Suites18484 Interstate 45 S Conroe, TX 77384furniture and equipmentcomputers**Describe the lien**Deed of Trust, Security Interest**Is the creditor an insider or related party?**☒ No☐ Yes.**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$2,467,000.00\$6,000,000.00

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Girouard Law Firm, P.C.</u>	Line <u>2.2</u>	<u> </u>
<u>c/o Sagness Girouard</u>		
<u>P.O. Drawer 2196</u>		
<u>Freeport, TX 77542</u>		

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number ____ ____ ____ ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	 	
2.2	Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number ____ ____ ____ ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	 	

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Allied Insurance & Financial</u> <u>Att: Samson Abiodun</u> <u>8403 Westglen Dr. A1321</u> <u>Houston, TX 77063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.2	Nonpriority creditor's name and mailing address <u>Amenity Services</u> <u>110 W Dayton Street 3-201</u> <u>Edmonds, WA 98020</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$110.00</u>
3.3	Nonpriority creditor's name and mailing address <u>American Express</u> <u>PO Box 981535</u> <u>El Paso, TX 79998</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
3.4	Nonpriority creditor's name and mailing address <u>BB&T</u> <u>P.O. Box 200</u> <u>Wilson, NC 27894</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,010.00</u>
3.5	Nonpriority creditor's name and mailing address <u>Centerpoint Energy</u> <u>PO Box 4981</u> <u>Houston, TX 77210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,132.00</u>

Debtor Jacobson Hotels, Inc.
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Part 2: Additional Page

3.6 Nonpriority creditor's name and mailing address <u>Chase Ink Card</u> <u>P.O. Box 15123</u> <u>Wilmington, DE 19850-5123</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$80,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address <u>City of Shenandoah</u> <u>29955 Interstate 45 N</u> <u>Spring, TX 77381</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address <u>Consolidated Communications</u> <u>P.O. Box 66523</u> <u>Saint Louis, MO 63166-6523</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$300.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address <u>Entergy</u> <u>P.O. Box 8104</u> <u>Baton Rouge, LA 70891</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$23,067.87</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address <u>Farmers Insurance</u> <u>c/o Graham Carter</u> <u>One Pierce Place 725W</u> <u>Itasca, IL 60143</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Part 2: Additional Page

3.11 Nonpriority creditor's name and mailing address <u>HD Supply Facilities Maintenance</u> <u>P.O. Box 509058</u> <u>San Diego, CA 92150</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,806.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address <u>Hilton Domestic Operating Co.</u> <u>c/o Raunch-Milliken Int'l Inc.</u> <u>P.O. Box 8390</u> <u>Metairie, LA 70011</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13 Nonpriority creditor's name and mailing address <u>Jacobson Hospitality, Inc.</u> <u>35 Marquise Oaks Pl.</u> <u>Spring, TX 77382</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$80,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address <u>Jacobson, Kenneth</u> <u>35 Marquise Oaks Pl.</u> <u>Spring, TX 77382</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$300,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address <u>Markel Amer. Ins. & Acceptance Indem.</u> <u>P.O. Box 650028</u> <u>Dallas, TX 75265</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Jacobson Hotels, Inc.
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Part 2: Additional Page

3.16	Nonpriority creditor's name and mailing address <u>Mood Media</u> <u>P.O. Box 602777</u> <u>Charlotte, NC 28260-2777</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$38.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address <u>Sherwin Williams</u> <u>17947 I-45 202</u> <u>Shenandoah, TX 77385</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$600.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address <u>Small Business Administration</u> <u>409 3rd St., SW</u> <u>Washington, DC 20416</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$22,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <u>Spectrum Business</u> <u>P.O. Box 790261</u> <u>Saint Louis , MO 63179</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <u>Stonemark, Inc.</u> <u>8501 Wade Blvd. 620</u> <u>Frisco, TX 75034</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957

Part 2: Additional Page

3.21 Nonpriority creditor's name and mailing address <u>Swaly Tax Services</u> <u>c/o Daksha Patel</u> <u>9555 W. Sam Houston Pkwy S. 335</u> <u>Houston, TX 77099</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,700.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22 Nonpriority creditor's name and mailing address <u>Synchrony Bank</u> <u>P.O. Box 965004</u> <u>Orlando, FL 32896</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$12,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address <u>Texas Comptroller of Public Accounts</u> <u>PO Box 13528, Capitol Station</u> <u>Austin, TX 78711</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address <u>Versacor</u> <u>P.O. Box 93809</u> <u>Southlake, TX 76092</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,833.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25 Nonpriority creditor's name and mailing address <u>Waste Management</u> <u>P.O. Box 43350</u> <u>Phoenix, AZ 85080</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957

Part 2: Additional Page

3.26	Nonpriority creditor's name and mailing address <u>WCA Waste Systems</u> <u>P.O. Box 4524</u> <u>Houston, TX 77210</u>	As of the petition filing date, the claim is: <u>\$418.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	
3.27	Nonpriority creditor's name and mailing address <u>Wyndham Hotels & Resorts</u> <u>22 Sylvan Way</u> <u>Parsippany, NJ 07054</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 3:** List Others to Be Notified About Unsecured Claims

- 4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Avis, Richard T. P.O. Box 31579 Chicago, IL 60631	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4.2	William C. Ferebee Steptoe & Johnson 1780 Hughes Landing Blvd. 750 Spring, TX 77380	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____

Debtor Jacobson Hotels, Inc.
Name

Case number (if known) 20-33957

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. **Total claims from Part 1**

5a. \$0.00

5b. **Total claims from Part 2**

5b. **+** \$538,014.87

5c. **Total of Parts 1 and 2**
Lines 5a + 5b = 5c.

5c. \$538,014.87

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:
Southern District of TexasCase number (if known): 20-33957 Chapter 11☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Franchise agreement</u>	<u>Wyndham Hotels & Resorts</u>
	State the term remaining	<u>0 months</u>	<u>22 Sylvan Way</u>
	List the contract number of any government contract		<u>Parsippany, NJ 07054</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957 Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$6,000,000.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$31,000.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$6,031,000.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$3,850,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$538,014.87**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$4,388,014.87

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/18/2020
MM/ DD/ YYYY

X/s/ Grace L. Jacobson

Signature of individual signing on behalf of debtor

Grace L. Jacobson

Printed name

Director

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Amenity Services 110 W Dayton Street 3-201 Edmonds, WA 98020						\$110.00
2	American Express PO Box 981535 El Paso, TX 79998		Credit Card debt				\$5,000.00
3	BB&T P.O. Box 200 Wilson, NC 27894						\$5,010.00
4	Centerpoint Energy PO Box 4981 Houston, TX 77210						\$1,132.00
5	Chase Ink Card P.O. Box 15123 Wilmington, DE 19850-5123						\$80,000.00
6	Consolidated Communications P.O. Box 66523 Saint Louis, MO 63166-6523						\$300.00
7	Entergy P.O. Box 8104 Baton Rouge, LA 70891		Utilities				\$23,067.87
8	HD Supply Facilities Maintenance P.O. Box 509058 San Diego, CA 92150						\$2,806.00

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Jacobson Hospitality, Inc. 35 Marquise Oaks Pl. Spring, TX 77382		Loans				\$80,000.00
10	Jacobson, Kenneth 35 Marquise Oaks Pl. Spring, TX 77382		Loans				\$300,000.00
11	Mood Media P.O. Box 602777 Charlotte, NC 28260-2777						\$38.00
12	Sherwin Williams 17947 I-45 202 Shenandoah, TX 77385						\$600.00
13	Small Business Administration 409 3rd St., SW Washington, DC 20416		PPP loan				\$22,000.00
14	Swaly Tax Services c/o Daksha Patel 9555 W. Sam Houston Pkwy S. 335 Houston, TX 77099		Services				\$2,700.00
15	Synchrony Bank P.O. Box 965004 Orlando, FL 32896						\$12,000.00
16	Versacor P.O. Box 93809 Southlake, TX 76092						\$2,833.00
17	WCA Waste Systems P.O. Box 4524 Houston, TX 77210						\$418.00
18							
19							
20							

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 20-33957☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/19**The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).****Part 1: Income****1. Gross revenue from business**☐ None**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2020 to Filing date
MM/ DD/ YYYY☒ Operating a businessapprox. 200,000☐ Other _____\$0.00**For prior year:**From 01/01/2019 to 12/31/2019
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$447,991.00☐ Other _____**For the year before that:**From 01/01/2018 to 12/31/2018
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$633,636.00☐ Other _____**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2020 to Filing date
MM/ DD/ YYYY**For prior year:**From 01/01/2019 to 12/31/2019
MM/ DD/ YYYY MM/ DD/ YYYY**For the year before that:**From 01/01/2018 to 12/31/2018
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 2:** List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Ordinary course payments to vendors</u> Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____ various	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Jacobson, Grace</u> Creditor's name _____ <u>35 Marquise Oaks Pl</u> Street _____ <u>Spring, TX 77382</u> City _____ State _____ ZIP Code _____ Relationship to debtor <u>Director, Controlling shareholder</u>	_____	_____ \$36,000.00	<u>salary for operating hotel</u>

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	_____

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.1. _____ Creditor's name _____ Street _____ City State ZIP Code	XXXX- _____	_____	_____

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity —within 1 year before filing this case.

☐ None

7.1.	Case title <u>Jacobson Hotels v. Texas Gulf Bank</u> Case number <u>20-07-09070</u>	Nature of case <u>Debtor sought a temporary restraining order to prevent non-judicial foreclosure; Case non-suited</u>	Court or agency's name and address <u>Montgomery County District Court</u> Name _____ Street _____ <u>Conroe, TX</u> City State ZIP Code	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Case title <u>Non-Judicial Foreclosure Proceeding</u> Case number _____	Nature of case <u>Texas Gulf Bank non-judicial foreclosure. Stayed by bankruptcy filing</u>	Court or agency's name and address <u>Montgomery County</u> Name _____ Street _____ _____ City State ZIP Code	Status of case <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Case title <u>City of Shenandoah v. Jacobson Hotels, Inc.</u> Case number <u>20-03-03806</u>	Nature of case <u>Ordinance dispute.</u>	Court or agency's name and address <u>Montgomery County District Court</u> Name _____ Street _____ _____ City State ZIP Code	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name _____ Street _____ City State ZIP Code	Case title _____ Case number _____ Date of order or assignment _____	Court name and address _____ Name _____ Street _____ City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name _____ Street _____ City State ZIP Code Recipient's relationship to debtor _____			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1. _____			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Devine, Patrick D.	Attorney's Fee	8/3/2020	\$21,700.00
	Address P.O. Box 1229 Street Pinehurst, TX 77362 City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			
	Jacobson Hotels, Inc.			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address Street City State ZIP Code			
	Relationship to debtor			

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. _____ Street _____ _____ City State ZIP Code	From _____ To _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____ Street _____ City State ZIP Code	_____ _____ Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No☐ Yes

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: ____ - ____ - ____ - ____ - ____ - ____

Has the plan been terminated?

☐ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City State ZIP Code	XXXX- ____ - ____ - ____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 _____ Name _____ Street _____ City State ZIP Code	_____ _____ _____ _____ _____ Address _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Debtor Jacobson Hotels, Inc.
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20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City	Address		
	State			
	ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City			
State			
ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City		<input type="checkbox"/> Concluded
	State		
	ZIP Code		

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Hampton Inn</u> Name _____	<u>Prior hotel franchise</u>	EIN: _____
Street _____		Dates business existed
_____		From _____ To _____
City _____ State _____ ZIP Code _____		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Debtor Jacobson Hotels, Inc.
NameCase number (if known) 20-33957**Name and address****Dates of service**

26a.1. Swaly Tax Services From _____ To _____
 Name
9555 W. Sam Houston Pkwy S. 335
 Street
c/o Daksha Patel
Houston, TX 77099
 City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**

26b.1. Swaly Tax Services From _____ To _____
 Name
9555 W. Sam Houston Pkwy S. 335
 Street
c/o Daksha Patel
Houston, TX 77099
 City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Swaly Tax Services
 Name
9555 W. Sam Houston Pkwy S. 335
 Street
c/o Daksha Patel
Houston, TX 77099
 City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. Texas Gulf Bank
 Name
1030 Dixie Drive
 Street
Clute, TX 77531-5124
 City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Jacobson, Grace35 Marquise Oaks PI Spring, TX 77382Director, Owner90.00 %

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name

Address

Position and nature of any
interestPeriod during which
position or interest was held

From _____

To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for providing
the value

30.1.

Jacobson, Grace

Name _____

35 Marquise Oaks PI

Street _____

Spring, TX 77382

City _____

State _____

ZIP Code _____

Salary paid for
operating hotel

Relationship to debtor

Director, Controlling shareholder

Debtor Jacobson Hotels, Inc.
Name _____Case number (if known) 20-33957

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation _____

EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund _____

EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/18/2020
MM/ DD/ YYYY**X**/s/ Grace L. Jacobson

Signature of individual signing on behalf of the debtor

Position or relationship to debtor

DirectorPrinted name Grace L. JacobsonAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes